

**Water Recreation Program**401 Fifth Avenue, Suite 1100  
Seattle, WA 98104-1818**206-296-4632** Fax 206-296-0188  
TTY Relay: 711

www.kingcounty.gov/health

**Public Health**  
Seattle & King County **Please complete a separate application for each pool or spa on site****APPLICATION TO OPERATE WATER RECREATION FACILITY -- 2009****FACILITY NAME AND SITE ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAILING ADDRESS (if different from above):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_**APPLICANT: Complete this form with changes to business and mailing name, address, and ownership information.****RETURN COMPLETED FORM WITH CHECKS PAYABLE TO: SKCDPH**

**Public Health – Seattle & King County**  
**Downtown Environmental Health**  
**401 – 5<sup>th</sup> Avenue, Suite 1100E**  
**Seattle, WA 98104**

PERMIT YEAR JUNE 1<sup>ST</sup> TO MAY 31<sup>ST</sup> PERMITS EXPIRE MAY 31<sup>ST</sup>**FOR OFFICE USE ONLY**

PERMIT RECORD ID (PR#) \_\_\_\_\_

FACILITY NUMBER (FA#) \_\_\_\_\_

OWNER NUMBER (OW#) \_\_\_\_\_

PROGRAM ELEMENT (PE#) \_\_\_\_\_

PLAN REVIEW SERVICE REQUEST (SR#) \_\_\_\_\_

VARIANCE SERVICE REQUEST (SR #) \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

APPROVED ☐DISAPPROVED ☐

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FEE SCHEDULE****Water Recreation Facility \$ 498.00 PERMIT FEE****Each add'l WRF operated****by same person at same location \$ 428.00 PERMIT FEE****Non-Recirculating Spray Pool \$ 208.00 PERMIT FEE**

FEE \$ \_\_\_\_\_

PRORATION \$ \_\_\_\_\_

PENALTY/LATE FEE \$ \_\_\_\_\_

PERMIT REPLACEMENT \$ \_\_\_\_\_

CHANGE OF OWNER

AND/OR NAME \$ \_\_\_\_\_

**TOTAL AMOUNT DUE \$ \_\_\_\_\_****OTHER FEES**

Permit Replacement \$25.00

Change of Ownership and/or Name \$25.00

Proration (period 11/30 thru 5/31)=1/2 annual fee

Late Fees – (Annual permits 10-30 days late = 10% of annual fee, 30-60 days late = 20% of annual fee, more than 60 days late = 30% of annual fee)

**OWNERSHIP INFORMATION**

- ☐ Swimming Pool ☐ Spa Pool ☐ Wading Pool ☐ Spray Pool ☐ Year Around Pool OR ☐ Seasonal Pool
- ☐ General Use (Private club pools, municipal pool) OR ☐ Limited Use (Associated with living units apartments, condo, Homeowners)
- ☐ Year Around OR ☐ Seasonal Pool Months of Operation: Opening date \_\_\_\_\_

Closing date \_\_\_\_\_

If more than one water recreation facility exists at your site, please indicate specific location (e.g. 7<sup>th</sup> floor): \_\_\_\_\_**Name of Facility Manager/Operator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**Name of Owner(s) :** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_**PERMIT INFORMATION**

- ☐ Permit Renewal
- ☐ New Operation
- ☐ Change of Name
- ☐ Change of Owner
- ☐ Sole Owner
- ☐ Corporation
- ☐ Partnership
- ☐ Association

**Payment Information**

- ☐ Check or Money Order PAYABLE TO: SKCDPH AMOUNT CHARGED \$ \_\_\_\_\_
- ☐ Cash (In-person only. Do not mail cash)

☐ VISA CARD NAME ON ACCOUNT \_\_\_\_\_☐ MasterCard CARD BILLING ADDRESS & ZIP \_\_\_\_\_☐ Discover CARD NUMBER \_\_\_\_\_

EXPIRES \_\_\_\_ / \_\_\_\_ 3 Digit CODE (Back of Card) \_\_\_\_

Signature (as on Credit card) \_\_\_\_\_ Date \_\_\_\_\_

